

REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, U. S. ARMY MEDICAL COMMAND
2050 WORTH ROAD, SUITE 10
FORT SAM HOUSTON, TEXAS 78234-6010

MCHO-CL-P (40-3c)

21 MAR 2000

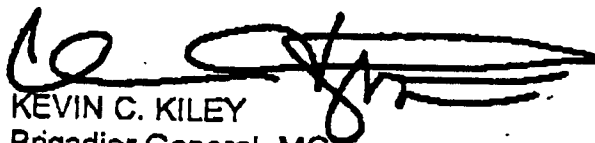
**MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND
RESERVE AFFAIRS), ROOM 2E591, 111 ARMY
PENTAGON, WASHINGTON, DC 20301-0111**

**SUBJECT: Policy for Secretary of the Army (SA) Designee Status to Treat Ineligible
Civilian Burn Patients at the U.S. Army Institute of Surgical Research (ISR)**

1. Request authorization from the Assistant Secretary of the Army (Manpower and Reserve Affairs) (ASA(M&RA)) to provide medical care and aeromedical evacuation for acutely burned civilian patients at the ISR.
2. The ISR, a world-class certified burn center of excellence for treating burn trauma victims in critical life and limb saving situations, is the only facility training physicians, nurses, and other medical personnel from all the Armed Forces. Without an adequate patient care base, provided in part by civilian designees, maintenance of burn care readiness within the Armed Forces will not be possible. The enclosure summarizes the critical need for the ISR to treat these burn patients.
3. Approval of this request would authorize treatment of ineligible burn patients at the ISR for up to 72 hours pending approval of a byname individually submitted SA medical designee request. Request for designee status will be faxed to the ASA(M&RA) as soon as possible after the patient's arrival at the ISR.
4. Our points of contact are Mr. Alton Clark or MAJ Michael Griffin, Patient Administration Division, Office of the Assistant Chief of Staff for Health Policy and Services, DSN 471-6113 or Commercial (210) 221-6113.

FOR THE COMMANDER:

Encl
as


KEVIN C. KILEY
Brigadier General, MC
Deputy Chief of Staff for Operations,
Health Policy and Services

04-21/00 12:40 FAX 7030143873 OASD-ISA 003

JUSTIFICATION FOR TREATMENT OF BURN PATIENTS PENDING
SECRETARY OF THE ARMY (SA) DESIGNEE APPROVAL

1. The U.S. Army Institute of Surgical Research (ISR) is the nationally designated Specialized Treatment Services site for Department of Defense (DOD) burn patients and a world-class certified burn center of excellence for treating burn trauma victims in critical life and limb saving situations. The ISR has over 45 years experience in aeromedical evacuation of burn trauma patients worldwide.
2. The treatment of SA designee patients assures sufficient burn workload and clinical expertise for ISR to be accredited by the American Burn Association and the American College of Surgeons. Further, the patients are essential for completing clinical protocols carried about as part of the Army's Combat Casualty Care Research Program. Approximately 60 percent of admissions to the ISR are civilian burn patients requiring SA designee status approval. This level of civilian burn patients is absolutely necessary in order to maintain accreditation and develop the burn care expertise and readiness within the Armed Forces.
3. The ISR is the only tertiary burn center in the military health system and, as such, the only military resource for the care of burn trauma patients during a contingency operation or from the battlefield. Furthermore, it is the only facility training physicians, nurses, and other medical personnel from all the Armed Forces to provide burn trauma care. Training in the immediate post resuscitative phase is critical to the patient and the training and readiness of our health care providers. For the years 1990-1998, the ISR trained 45 fellows, 257 residents, 55 interns and medical students (148 from the U.S. Army, 92 from the U.S. Air Force, 42 from the U.S. Navy, and 75 civilians). This generates the experienced pool of health care professionals required to maintain the readiness posture required for the mission of the Armed Forces.
4. Admission criteria for burn patients admitted to the ISR are based on the criteria established by the American College of Surgeons Committee on Trauma ("Guidelines for Operation of Burn Units," in Resources for Optimal Care of the Injured Patient, page 55. Chicago: American College of Surgeons, 1998). These criteria guarantee the quality of training required to treat burn injuries. Ineligible civilian burn patients with the

Enclosure

JUSTIFICATION FOR TREATMENT OF BURN PATIENTS PENDING SECRETARY
OF THE ARMY (SA) DESIGNEE APPROVAL (CONTINUED)

following clinical criteria are the kinds of burn patients whose treatment at the ISR will ensure successful accreditation and a high quality training experience for DOD medical trainees:

- a. Partial thickness burns greater than 10 percent total body surface area.
- b. Burns that involve the face, hands, feet, genitalia, perineum, or major joints.
- c. Third-degree burns in any age group.
- d. Electrical burns, including lightning injury.
- e. Chemical burns.
- f. Inhalation injury.
- g. Burn injury in patients with preexisting medical disorders that could complicate management, prolong recovery, or affect mortality.
- h. Any patients with burns and concomitant trauma (such as fractures) in which the burn injury poses the greater risk of morbidity or mortality.
- i. Burn injury inpatients who will require special social or emotional intervention.

Upon approval, civilian patients will be eligible for outpatient follow-up treatment for complications of acute burn injuries in accordance with good clinical practice (GCP) as required by The American College of Surgeons/American Burn Association. Outpatient follow-up will allow the ISR to treat patients entered into research protocols in accordance with GCP, until the patient can be disengaged.

5. The enhanced readiness achieved by the experience of the ISR personnel in burn patient aeromedical evacuation is documented by the U.S. Army/U.S. Air Force integrated response to both military and civilian disasters. As mandated by the U.S. Army

JUSTIFICATION FOR TREATMENT OF BURN PATIENTS PENDING SECRETARY
OF THE ARMY (SA) DESIGNEE APPROVAL (CONTINUED)

Surgeon General, ISR created two fully deployable Special Medical Augmentation Response Teams. These are the only teams in the DOD trained to evaluate, stabilize, and transport severely injured patients, including burn and multiple trauma patients from any location worldwide to the ISR. Recent missions include:

a. The Korean Airline crash in Guam, August 1997, where 4 intubated patients were transported to the ISR and 12 non-intubated were sent to Korea.

b. The Pope Air Force Base/Fort Bragg aircraft crash in 1994, in which ISR burn trauma teams transferred 20 patients to the ISR within 21 hours of injury. Thirteen patients required ventilator support while in transit. All of the patients received from that accident were successfully treated and discharged from the hospital.

c. During Desert Storm/Desert Shield, three burn teams deployed to Saudi Arabia and provided theater-wide burn care from time of injury, throughout long distance aeromedical evacuation, and during tertiary care until discharge from the hospital. The ISR also responded to international disasters.

d. In 1989, at the direction of the President, ISR burn teams were sent to Ufa, Russia, to provide care to over 700 patients burned in a massive natural gas explosion.

6. Without an adequate patient care base, provided in large part by civilian designees, the development of this burn care expertise, the provision of burn care, and the maintenance of burn care readiness within the Armed Forces will not be possible.